NORTHERN GENETICS SERVICE
FAMILIAL HYPERCHOLESTEROLAEMIA DNA ANALYSIS
REQUEST FORM

The Newcastle upon Tyne Hospitals **NHS**
NHS Foundation Trust

Completion of this form is required as a prerequisite to molecular analysis

Patient Surname:	Forename:	Consultant name and clinic address
Date of birth dd/mm/yyyy: ..../ /	Male/ Female	Patient postcode:
NHS Number:		Sample Collection Date: / / dd/mm/yyyy
Family file number:	Ethnic origin:	Consent Obtained Testing Y / N Storage Y / N

PROBAND WITH UNKNOWN MUTATION   Tick if required ☐

Dutch Lipid Clinics Network Score

A. Family History

Enter Number of relatives at 50% risk: [   ]   Number of relatives at 25% risk [   ]

I.	First degree relative with premature CHD and/or CVD*	Y / N		
II.	First degree relative with LDL cholesterol >5.5	Y / N	1	
III.	First degree relative with xanthoma or corneal arcus	Y / N		
IV.	First degree relative age <18 with LDL cholesterol >3.9	Y / N	2	

*Premature CHD and/or CVD in men <55 years, women <60 years

B. Personal History

I.	History of premature CHD (M <55, F <60)	Y / N	2	
II.	History of premature PAD or CEVD	Y / N	1	

C. Physical Examination

I.	Tendon xanthomas	Y / N	6	
II.	Premature corneal arcus (<45 years)	Y / N	4	

D. Fasting LDL cholesterol with triglycerides <2.3**

**LDL cholesterol for calculation of the score is highest without drug treatment.

I.	LDL cholesterol >8.5	Y / N	8	
II.	LDL cholesterol 6.5 – 8.4	Y / N	5	
III.	LDL cholesterol 5.0 – 6.4	Y / N	3	
IV.	LDL cholesterol 4.0 – 4.9	Y / N	1	

Add HIGHEST score from each of domains A + B + C + D =	Total	

Genetic studies can be ordered with a score of >6. (index cases >18 years only)

Enter fasting lipid profile results used for diagnosis

Total cholesterol (mmol/L)		Triglycerides (fasting) (mmol/L)	
HDL-cholesterol (mmol/L)		LDL-cholesterol (mmol/L)	
Lipoprotein(a)(ifknown) (mg/L)			

RELATIVE OF PROBAND WITH KNOWN MUTATION – CASCADE TEST   Tick if required ☐

Relationship to proband	
Proband Name	
Proband DoB	
Proband Family File number	
Mutation identified/ Testing Laboratory	

Name:	Designation:
Signature:	Date: